

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>DS</i>	<i>32</i>	<i>5/24</i>
FORMALITY REVIEW	<i>H.T</i>	<i>913</i>	<i>07/05/01</i>
RESPONSE FORMALITY REVIEW	<i>HC</i>	<i>712</i>	<i>10-12-01</i>

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)... Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final	
Original	
1	✓
2	✓
3	✓
4	✓
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Claim	Date
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Claim	Date
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Best Available Copy

If more than 150 claims or 10 actions
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893
10-15-01